

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35767
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 4698

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4698

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		d. STREET ADDRESS 2314 Mersington	
3. NAME OF DECEASED (Type or print) First Carl Middle W. Last DeFord		4. DATE OF DEATH Month 10 Day 10 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20 1892
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months 1 Days 10 Hours 10 Min. 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler		10b. KIND OF BUSINESS OR INDUSTRY Meyer Jewellery Co.	
11. BIRTHPLACE (City and state or country) Des Moines Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas J. De Ford		13b. MOTHER'S MAIDEN NAME Louisa Carne	
14. NAME OF HUSBAND OR WIFE Jennie De Ford		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) No	
16. SOCIAL SECURITY NO. 486-01-8272		17. INFORMANT Jennie De Ford	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding esophageal varices Post hepatic liver cirrhosis of liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 5810	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8 a.m. 35 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 24th & Cherry	
20g. COUNTY Des Moines		20h. STATE Iowa	
21. I attended the deceased from Oct. 7, 1957 to Oct. 10, 1957 and last saw him alive on Oct. 10, 1957 Death occurred at 8:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert Burns, M.D.	
22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 10-10-1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/12/57	
23c. NAME OF CEMETERY OR CREMATORY Highland Memorial Cem		23d. LOCATION (City, town, or county) (State) Des Moines Iowa	
24. FUNERAL DIRECTOR Earp & Sons Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-11-57	
26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

John B. Corp

Licensed Embalmer No. 2955

P. O. Address 11. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.